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The Living with Medicines Questionnaire: Translation and Cultural Adaptation into the Arabic Context

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ABSTRACT

Background: The Living with Medicines Questionnaire (LMQ) was developed in English language to assess, from a patient's perspective, issues related to the burden resulting from the use of medicines. **Objectives:** To translate and culturally adapt the LMQ into the Arabic language and context. **Methods:** Permission to translate the LMQ was obtained from the original developers, and a protocol for its translation and cultural adaptation was developed using the International Society for Pharmacoeconomics and Outcomes Research guidelines for the translation and cultural adaptation of patient-reported outcome measures. Two forward translations (from English into Arabic) were developed and compared to produce the first reconciled version, which was back-translated into English. The resulting English version was compared with the original questionnaire leading to the second reconciled version. The emerged Arabic questionnaire was then cognitively tested among purposively selected individuals to assess the linguistic and cultural equivalence, and produce the

final Arabic version. **Results:** Issues identified and related to cultural and conceptual equivalence of some terms were resolved by rewording some items in the tool. The translation process and cognitive debriefing exercise generated comments regarding the original tool's construct and its Arabic equivalent, which were communicated to the developers of the LMQ for their consideration while conducting further comparative studies. **Conclusions:** A culturally suitable translation of the LMQ was generated for potential use in research and clinical practice in Arabic-speaking countries. Further validation of the developed Arabic version is recommended and planned.

Keywords: cultural adaptation, medication burden, questionnaire, polypharmacy, translation.

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Highlights

- Medication burden has a negative effect on patients' lives and is associated with adverse drug events.
- In this study, a culturally adapted Arabic version of the Living with Medicines Questionnaire was developed. This questionnaire was originally developed in English to assess medication burden from a patient's perspective.
- The translated version could be used in clinical practice and/or research where it is important to assess burden related to medication intake. This, in turn, could inform designing of interventions aiming at providing minimally disruptive health care.

Introduction

Patients on multiple drug therapy and those with comorbidities are highly prone to drug-related problems [1]. The number of

these at-risk patients is on the rise worldwide [2]. Polypharmacy, which is the use of several medications simultaneously, has been associated with increased morbidity and mortality, hospitalizations, and demand for nursing home care [1,3]. Polypharmacy could also increase medication burden and may result in drug-related consequences, such as poor adherence, adverse drug reactions, and unnecessary drug therapy [4,5]. Medication burden could still occur in patients using any number of medications, when considering the negative feelings and experiences related to those medications [6].

Identification, prevention, and resolution of drug-related problems are considered the main responsibilities of a pharmaceutical care (PC) provider [7]. Consequently, an effective PC practice, with its patient-centered philosophy and outcome-oriented tenets, should, hypothetically, lead to reduced burden of drug therapy. Given that patients' perspectives on issues related to the use of medicines are arguably different from those of health care providers, more attention has been drawn toward

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assessing the burden of drug therapy from the perspective of the patient in recent years [6,8,9]. Consequently, the assessment of the burden of medicine use from the patient's viewpoint is an important element in providing PC because it will help to identify the most vulnerable patients affected by the burden of therapy so that appropriate interventions could be provided to reduce this [6].

Several instruments have been developed to evaluate the aspects of medication use practices of patients [10]. This is not the case with regard to measures that assess the burden associated with medication use from the patient's perspective, where there is still paucity of validated tools in the literature. Krska et al. [6] developed and validated the Living with Medicines Questionnaire (LMQ), a measure that aims to investigate several aspects of the burden of medicine use from the patient's perspective. The LMQ was derived from earlier qualitative investigations among patients diagnosed with chronic morbidities [8]. Validations for comparative psychometric evaluations of this tool were conducted in several countries including England, Australia, Ireland, and the Netherlands [6,11]. Patients' feedback, so far, suggests the value of the questionnaire in assessing various issues such as adherence to treatment plans, patients' relationships with health care providers, and concerns about adverse drug reactions [6].

Different approaches for adaptation, validation, and translation of questionnaires related to the measurement of patient-reported outcomes (PROs) have been described in the literature [12–14]. To our knowledge, there are no tools available to assess patients' perspectives on the burden associated with medicine use in the Arabic context. Similarly, an Arabic version of the LMQ had not been previously developed. Therefore, the aim of this study was to join the international efforts in instruments development to make available a culturally acceptable Arabic version of the LMQ for potential use in Arabic-speaking countries. This shall produce an invaluable tool to help assess perceptions of patients on drug therapy and the impact on their lives. This will, in turn, help to design tailored interventions that will decrease the burden of medicine use, especially among patients with chronic illnesses receiving multiple medications.

Methods

Description of the LMQ

The LMQ, developed by Krska et al. [6], contained 41 statements with which the respondents indicated their level of agreement using a five-point Likert-type scale (from strongly agree to strongly disagree). In addition, a free text (open-ended) question allowed the patient the freedom to add any other relevant issues that were not covered in the questionnaire [6]. The tool comprised eight domains: relationships with health professionals, practicalities, information, efficacy, side effects, attitudes, impact, and control. A visual analogue scale (VAS) that allowed the patient to express his or her overall perceived medication burden on a scale of 0 (no burden at all) to 10 (extremely burdensome) was also included [6]. This VAS originally contained no discrete scored points between 0 and 10, but the scoring was later proposed to the developers and approved.

The Translation and Cultural Adaptation Process

The International Society for Pharmacoeconomics and Outcomes Research (ISPOR) guidelines for adaptation, validation, and translation of questionnaires related to the measurement of PROs were used in this study (Figure 1) [12].

Preparation

Permission to use the LMQ was obtained from the original developers of the questionnaire (i.e., Krska et al.). A comprehensive study protocol, which contained detailed information about the design, methods, and expected results of the project, was developed and shared with the developers. The developers provided details and explanations as needed throughout the process of developing the Arabic version of the questionnaire.

Forward translation

Two translations of the LMQ from English to Arabic were conducted by two independent, bilingual, and qualified translators. The translators, who were experienced in translating PROs, were not informed about the content of the tool before the translation process.

Reconciliation

A panel composed of three study investigators (two of whom were fluent in English and Arabic) and the translators convened on several occasions to develop a single Arabic version of the LMQ translations. This was done to eliminate any discrepancies in translation and to ensure cultural equivalence. This generated the first reconciled Arabic version of the LMQ.

Back translation and review

The first reconciled Arabic version of the LMQ was back-translated into English by a third independent, bilingual, and qualified translator who was not familiar with the original English version of the LMQ. This new English translation was compared with the original LMQ by the study investigators to test the quality of the translation and to ensure that the intended meanings of all the items were maintained. A review of the outcome of this step led to further refinement of the Arabic questionnaire and to the second reconciled Arabic version. According to the ISPOR guidelines, this step should be followed by a step of "harmonization." Nevertheless, harmonization is recommended when the tool of interest is translated into more than one language to ensure equivalence between the different developed versions. This was not the case in the present work.

Cognitive debriefing and review

Seven Arabic-speaking people were purposively selected for cognitive debriefing. These participants were selected to obtain a balanced sex, age, educational level, and nationality representation. Although the purpose of this step was to ensure that the developed Arabic version was comprehensible to the general population, most of the selected participants had at least one chronic condition. They provided feedback on the second reconciled LMQ Arabic version in areas related to comprehension, time burden, and acceptability. Discussions during this review of the cognitive debriefing process resulted in refining the changes made in the previous steps pertaining to cultural and linguistic issues. The cognitive debriefing process also allowed investigators to assess the acceptability of the content of the original LMQ, and to communicate this to the developers of the original version.

Proofreading and final report

The Arabic version of the LMQ was revised carefully by the study investigators to produce the final translation. A final report regarding the original LMQ and the Arabic translation, the methods used to generate the translated version, and the

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